

Hepatitis E in Namibia

project completion report



Republic of Namibia



World Health
Organization

NAMIBIA

BOARDROOM

Embassy of
Japan
日本大使



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BACKGROUND

Health workers in Namibia first noted an increase in the number of cases presenting with acute jaundice in the district of Windhoek, Khomas region in September 2017.

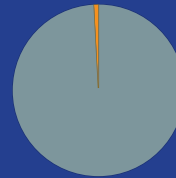
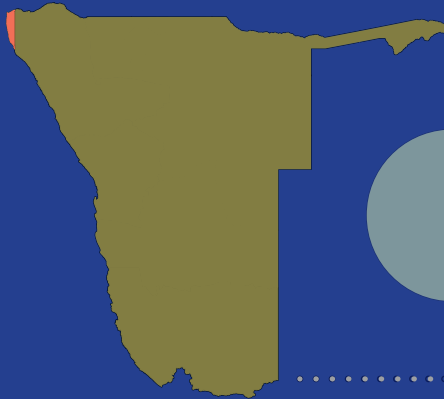
On December 14 that same year, the Ministry of Health and Social Services (MoHSS) accordingly declared a Hepatitis E Virus (HEV) outbreak which soon spread throughout the country, beginning in April 2018, and eventually affecting all regions except the Zambezi region.

In Windhoek, cases have been reported mainly from informal settlements such as Havana and Goreangab, DRC in Swakopmund, and in similar settings in other regions where access to safe water, sanitation, and hygiene is limited. Most cases from less affected regions initially had a travel history to the above-mentioned informal settlements in Windhoek and/or Swakopmund.



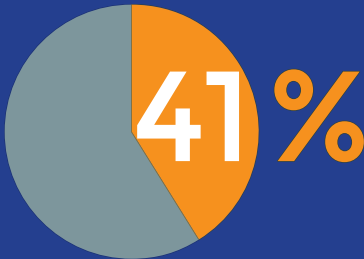
As of 16 May 2021, a cumulative number of 8062 HEV cases were reported since the outbreak began.

66 HEV deaths have been reported nationally

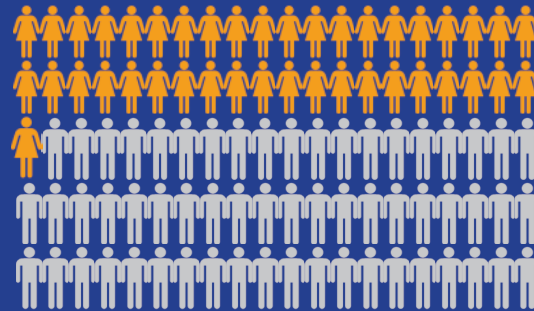


0.8%
Case Fatality Rate (CFR)

27 of these are maternal deaths



of the total HEV deaths are maternal deaths



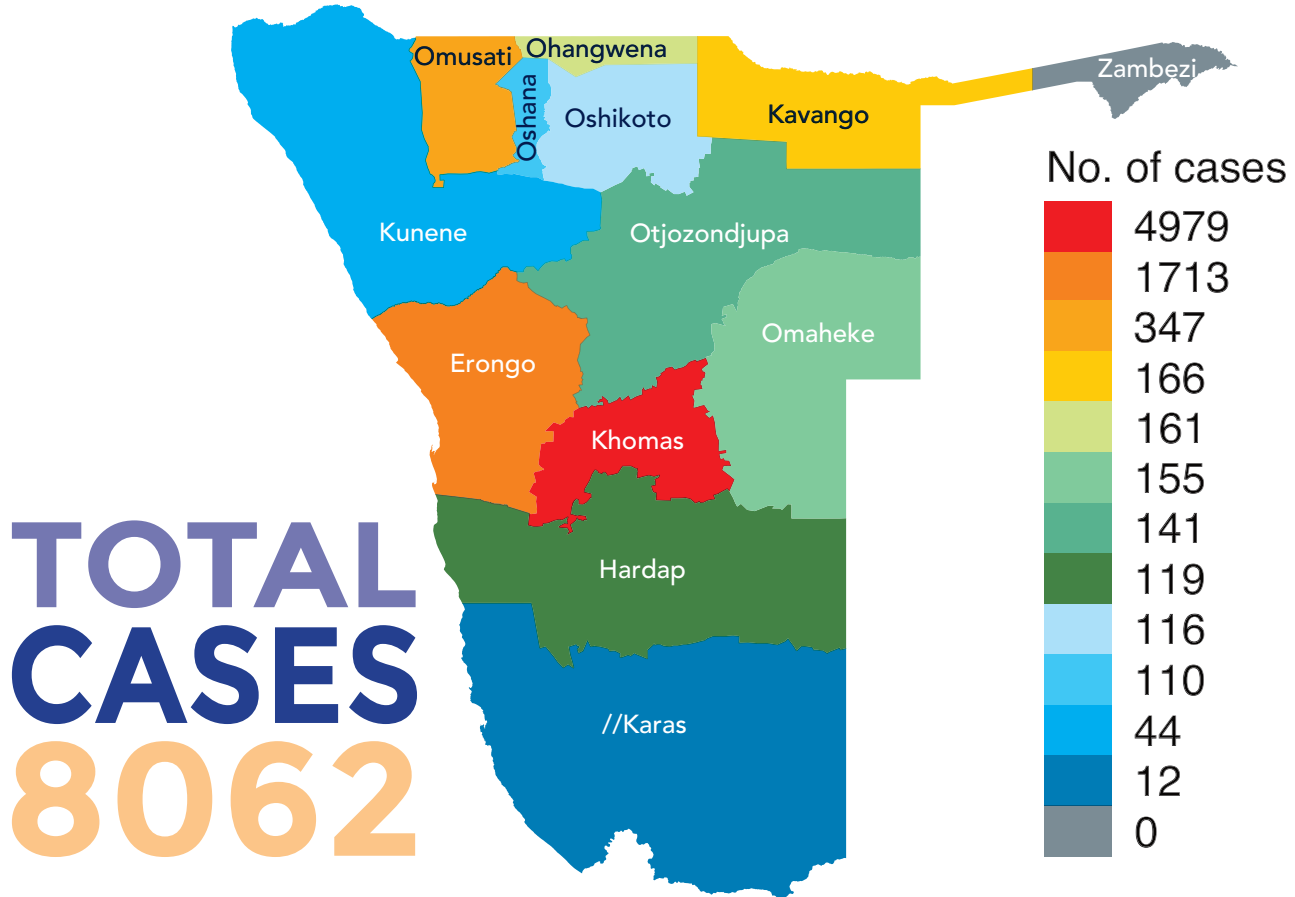
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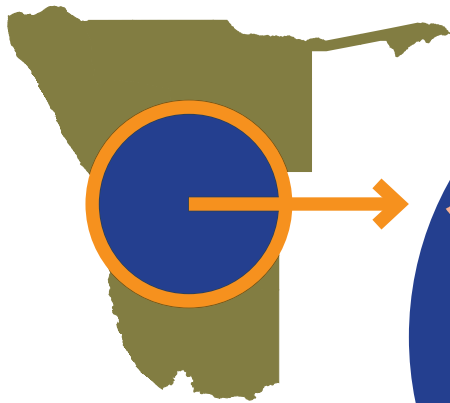
which represents

6.2%

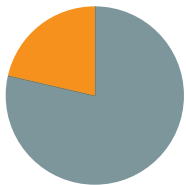
of all the reported maternal HEV cases.

Cumulative number of Hepatitis E virus cases from September 2012 to 16 May 2021



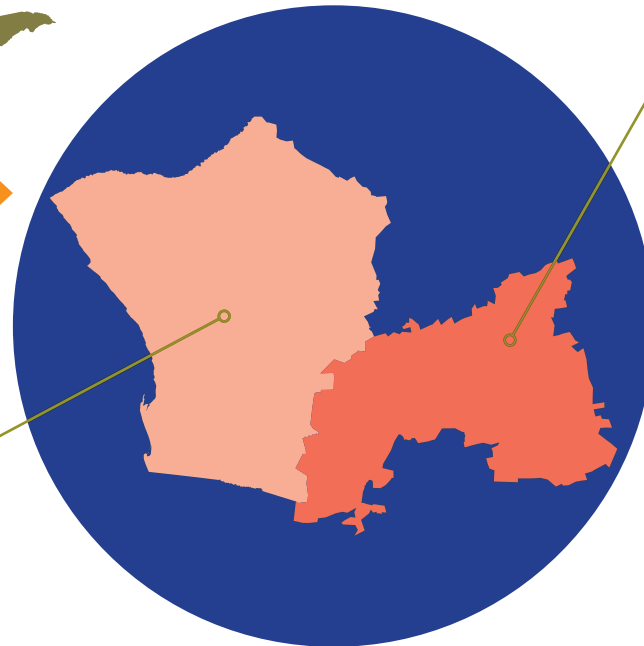


Erongo
1713

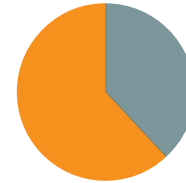


21.2%
of all reported
cases

6



Khomas
4979



61.8%
of all reported
cases

The remaining
regions account
for 1371 (17.0%) of
the reported cases.

There has been a noticeable
decline in new infections from
2689 in 2019 to 983 cases in
2020.

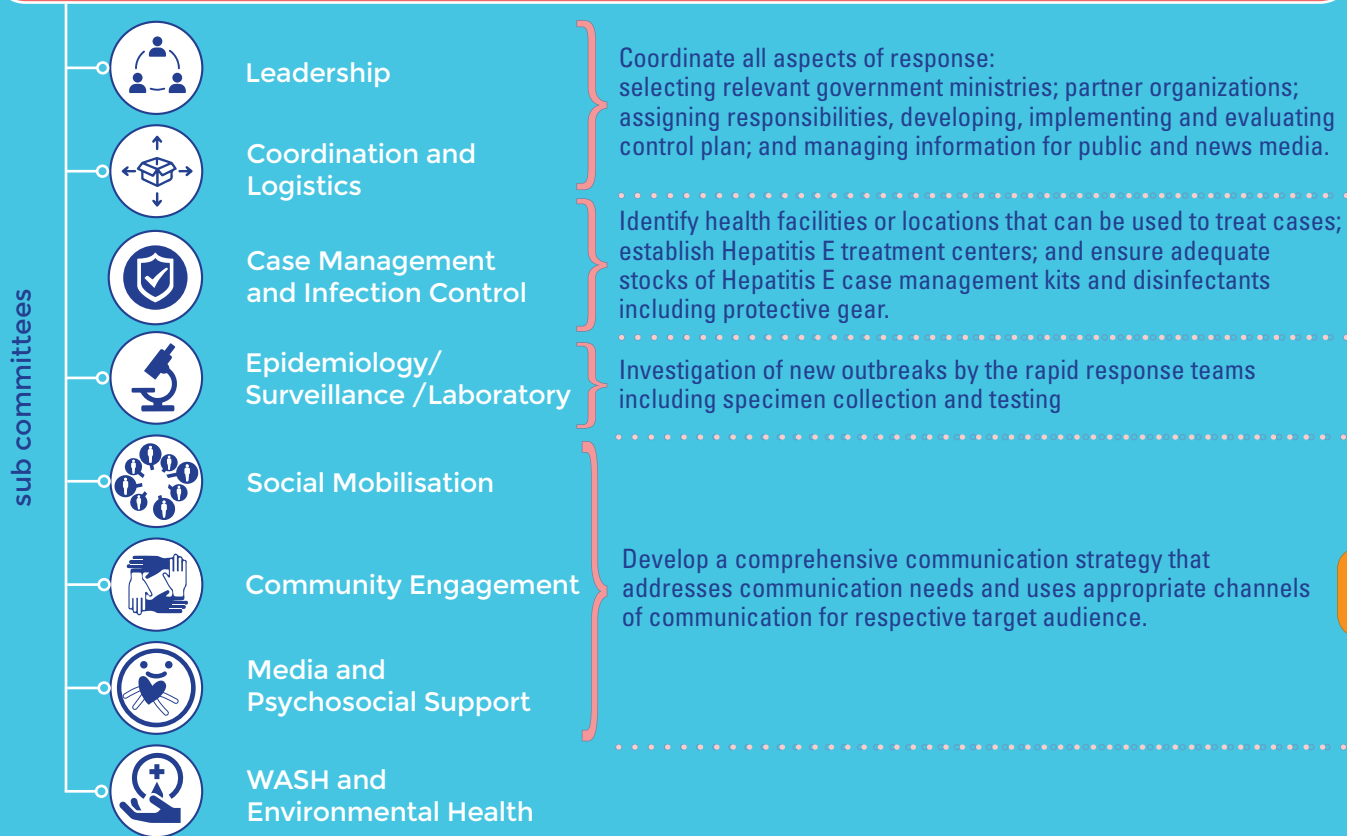
There has also been a decline
in the reported deaths from
23 deaths in 2019 to 4 deaths
reported in 2020.

Since 16 May 2021,

0 HEV deaths
have been recorded.

RESPONSE AT ONSET OF OUTBREAK

Activation of a multi-sectoral National Health Emergency Committee in October 2017

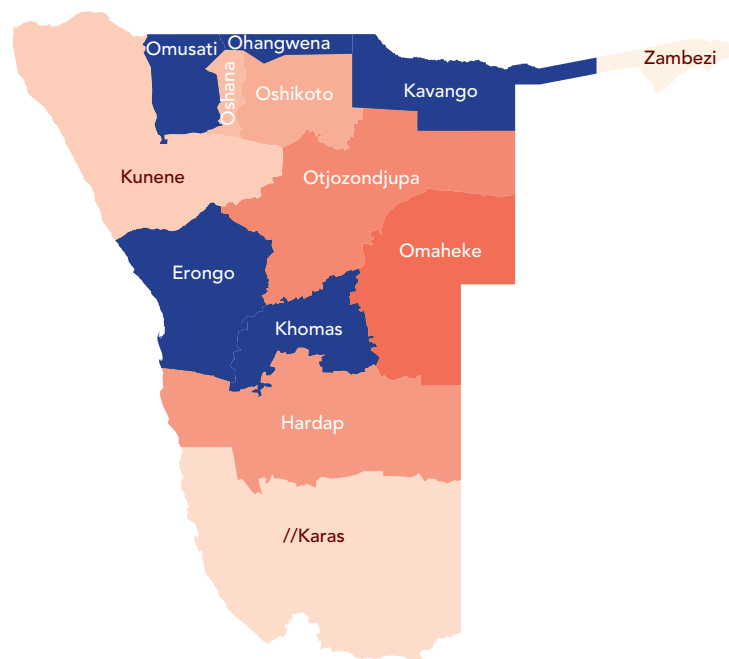


THE PROJECT

Improving the national preparedness and response capacity to contain infectious disease outbreaks and other drought related public health events in Namibia, March 2020 - June 2021

In response to the HEV outbreak, the World Health Organization in Namibia received a N\$4 million grant from the Government of Japan for the strengthening of national and regional capacity to implement effective response interventions in partnership with the MoHSS.

This funding was targeted to intensify response activities in the Khomas, Erongo, Omusati, Ohangwena, Kavango East and West Regions.





Project objective:

The overall objective of the project is to implement effective Hepatitis E Virus outbreak response interventions.

The response was led by the Ministry of Health and Social Services (MoHSS) with support from the World Health Organization together with Health and Water, Sanitation and Hygiene (WASH) sectoral partners.

The project complemented their initiatives with a focus on improving capacities at organizational and community levels.



Specifically,
the project
aimed to:



3

Strengthen surveillance and early warning, as well as response systems whereby nurses, doctors and community health workers are able to timely detect, report, and submit weekly reports or data, from targeted districts to national level.

1



Improve advocacy and a well-coordinated response to contain infectious disease outbreaks and severe acute malnutrition at national and targeted regions.

2



Provide appropriate health and nutrition intervention at all levels to prevent, promptly initiate supportive treatment or refer as appropriate to the next level.

4

Strengthen social mobilization and risk communication at all levels for disease prevention and health promotion.



5



Improve cross-border collaboration along the common border between Namibia and Angola, to reduce morbidity and mortality.

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PROGRAMME ACTIVITIES AND IMPACT

Output

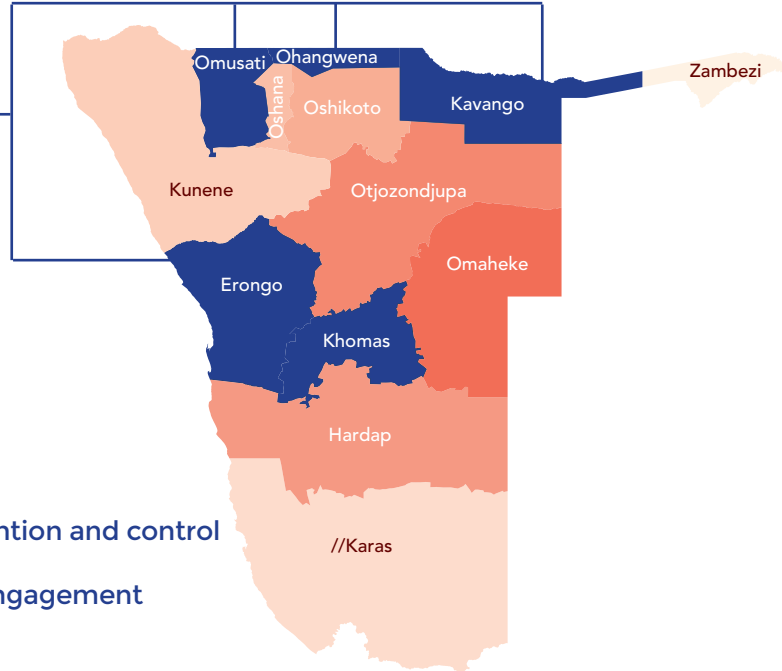
1

Advocacy and well-coordinated response strengthened to contain infectious disease outbreaks and Severe Acute Malnutrition (SAM) at national and sub-national levels



5 Intra-Action Reviews (IAR) were conducted in the project priority regions

Conducted support supervision visits to the five target regions aimed at assessing and strengthening the HEV outbreak response in the affected regions and capacity building. These visits focused all the 5 thematic pillars of the HEV response:



12



Coordination



Surveillance and Laboratory



Case management and Infection prevention and control



Risk communication and community engagement



WASH and Environmental Hygiene.



The team also regularly participates in the National Health Emergency Management Committee (NHEMC) where we provide technical support for the interventions required to contain disease outbreaks in the country.

Output

2

Provide appropriate health and nutrition intervention at all levels to prevent, promptly initiate supportive treatment or refer as appropriate to the next level.



90

healthcare workers made up of pediatricians, medical officers, medical interns, lecturers, registered nurses and midwives, and enrolled nurse midwives from across six regions were oriented on management of severe acute malnutrition.

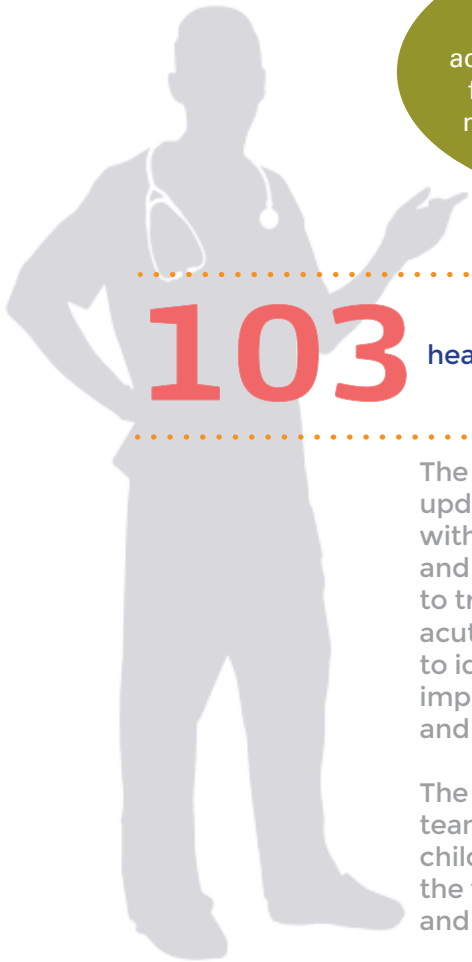


14

Organized by the MoHSS Directorate Primary Health Care Sub-division Nutrition and WHO, training was conducted in the five priority regions (Kavango, Khomas, Omusati, Ohangwena and Erongo) from March to June 2021.

Participants were selected from pediatric wards, antenatal wards, pediatric outpatient's department, immunization sites from primary health care clinics, pediatric oncology wards, and premature and neonatal intensive care units.

The facilitators included programme officers from the Primary Health Care Directorate, pediatricians, medical practitioners, and nutritionists.



My child was very sick when we were admitted here, but with the feeding we got from the nurses, she is awake and playing again.



103

healthcare workers were trained as facilitators in the management of SAM.

The training equipped and updated healthcare workers with the necessary knowledge and skills on management, how to treat children with severe acute malnutrition and how to identify and strengthen the importance of record keeping and statistics.



The training will strengthen the team approach in managing children with malnutrition in the various medical facilities and improve the quality of care.

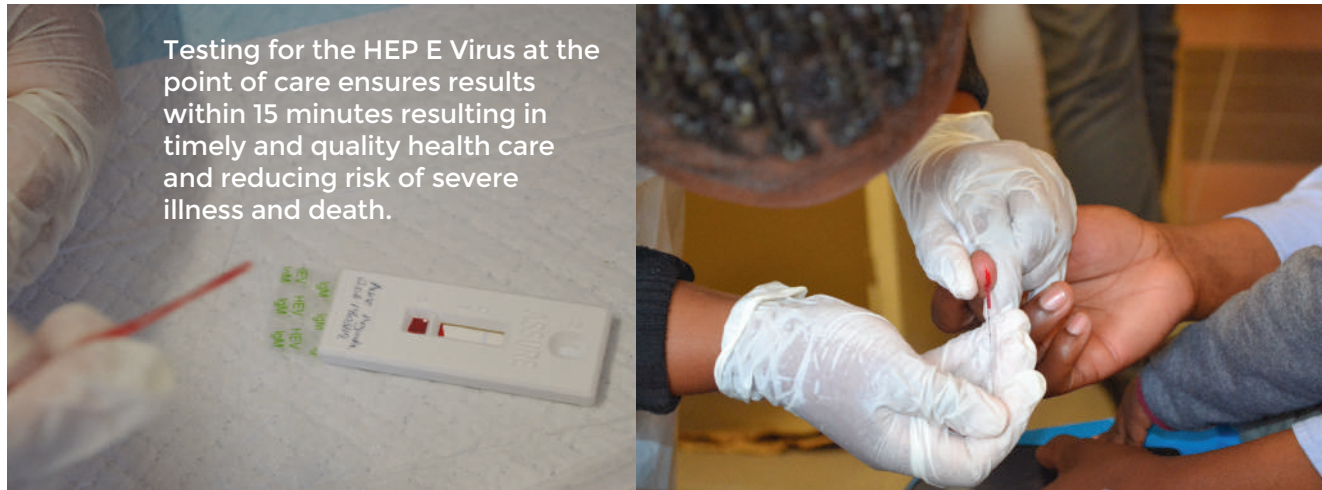
Output

3

Strengthened surveillance and early warning and response systems whereby clinicians (nurses and doctors) are able to timeously detect, report, manage and submit weekly reports or data, through district to national level.



Conducted two-day trainings on the use of HEV Rapid Diagnostic Test kits in the five priority regions



Testing for the HEP E Virus at the point of care ensures results within 15 minutes resulting in timely and quality health care and reducing risk of severe illness and death.

Output

4

Social Mobilization and Risk Communication strengthened during drought emergency and beyond.



67,200

leaflets and posters on Hepatitis E Virus and nutrition printed in local languages





The Namibia Red Cross Society reached at least 13,484 people in Khomas and Erongo with health education messages on HEP E and nutrition, through this project.

112 Healthcare providers and teachers trained on risk communication and community engagement

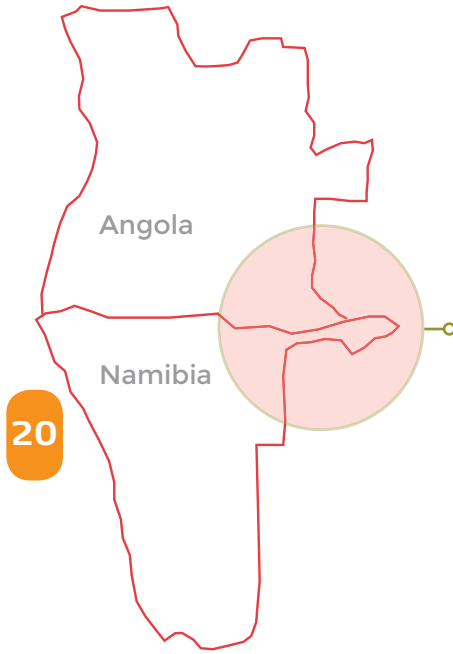


33 community health workers were trained through the Namibia Red Cross Society in Khomas and Erongo regions to reinforce hand hygiene practices and use of appropriate sanitation facilities to reduce risk of exposure to HEV and other waterborne diseases.

Output

5

Strengthened cross-border collaboration for effective control of infectious diseases and SAM interventions along the common border between Namibia and Angola



50 people attended a cross border meeting between the two Kavango regions in Namibia and Cuando Cubango Province in Angola to discuss amongst others HEV outbreak, severe acute malnutrition and Expanded Programme on Immunization. Jointly the two regions/ provinces serve a population of close to 800,000 people who frequently cross the border for economic activities and health care.

The meeting was attended by various stakeholders, including representatives from MoHSS, WHO, local authorities, Consulate General of Angola in Rundu, Ministry of International Relations and Cooperation (MIRCO), Ministry of Home Affairs, Immigration, Safety & Security, Catholic Health Services, and Namibia Police.



Mother with her children visiting a Namibian Mobile Clinic for immunization at the Namibia/Angola border, in Kunene Region.





Republic of Namibia



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